



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

00136774 50 CITIZENS TO ELECT STEPHEN M. KRULL		3. This Statement covers From: <u>01</u> <u>01</u> <u>04</u> to <u>07</u> <u>18</u> <u>04</u> Mo Day Year Mo Day Year	
5. Committee's Mailing Address <u>52924 BURGESS DRIVE</u> <u>CHESTERFIELD TOWNSHIP, 48047</u> Area Code and Phone <u>(586) 598-5863</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		4. Candidate Last Name <u>KRULL</u> First Name <u>STEPHEN</u> M.I. <u>M.</u> 4a. Office Sought Including District # or Community Served (If applicable) <u>CHESTERFIELD TOWNSHIP SUPERVISOR</u> 4b. County of Residence <u>MACOMB</u>	
7. Treasurer's Business Address <u>SAME AS ABOVE</u> Area Code and Phone ()		6. Treasurer's Name & Residential Address <u>SAME AS ABOVE</u> Area Code & Phone ()	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus <u>08</u> <u>03</u> <u>2004</u> Month Day Year		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <u>N/A</u> Area Code and Phone ()	
		9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution Month Day Year By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.			
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper <u>STEPHEN M. KRULL</u> Type or Print Name		Date <u>07</u> <u>22</u> <u>04</u> Mo Day Year	
Candidate <u>STEPHEN M. KRULL</u> Type or Print Name		Date <u>07</u> <u>22</u> <u>04</u> Mo Day Year	

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Comm

2. Comm

00136774 50

CITIZENS TO ELECT STEPHEN M. KRULL

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>1683.30</u>	(18.) \$ <u>1683.30</u>
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	(19.) \$
c. Subtotal of "Contributions"	(3c.) \$	<u>1683.30</u>	(20.) \$ <u>1683.30</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>Ø</u>	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>1683.30</u>	(20.) \$ <u>1683.30</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>300.00</u>	(21.) \$ <u>300.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>1474.24</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>-</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>-</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>1474.24</u>	(23.) \$ <u>1474.24</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$		(24.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>2128.30</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>17.76</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>1683.30</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>1701.06</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>1474.24</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>226.82.</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. C 00136774 50
2. C CITIZENS TO ELECT STEPHEN M. KRULL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: <u>MICHAEL & GERMAINE KRULL</u> Address: <u>8212 EDWARD CENTERLINE, MI 48015</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED (BOTH)</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	300. ⁰⁰	300. ⁰⁰
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: <u>JOYCE KRULL</u> Address: <u>52924 BURGESS BL CHESTERFIELD TWP, MI 48047</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DISABLED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	650. ⁰⁰	650. ⁰⁰
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: <u>TANYA KOTWICA</u> Address: <u>3632 ALDERDALE STEERING HILLS, MI 48310</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR OF OPERATIONS</u> Employer <u>PERSE TECHNOLOGIES</u> Business Address <u>44000 GARFIELD CLINTON TWP, MI 48038</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	733. ³⁰	733. ³⁰
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		1683. ³⁰ 1683.30

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number 00136774 50
2. Committee Name CITIZENS TO ELECT STEPHEN M. KRULL

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name <u>ETCHED BY STONE</u> Address: <u>26421 WOODLAND</u> <u>CHESTERFIELD TWP, MI 48051</u> If over \$100.00 cumulative, please provide: Occupation: <u>PROMO. PRODUCT SALES</u> Employer: <u>SAME AS ABOVE</u> Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>SILK SCREENED SHIRTS</u> 5. Date Of Receipt: <u>06-26-04</u> 6. Vendor Name & Address:	300. ⁰⁰	300. ⁰⁰
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:		
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:		

Page Subtotal
Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

300.⁰⁰

Enter this total
on line 6 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Commi 00136774 50
2. Commi CITIZENS TO ELECT STEPHEN M. KRULL

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>SAWICKI & SONS</u> Address <u>1521 W. LAFAYETTE</u> <u>DETROIT, MI 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>DEPOSIT FOR SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/1/04</u>	<u>650.⁰⁰</u>
Expenditure #2 Name <u>ANCHOR BAY CHAMBER OF COMMERCE</u> Address <u>35054 23 MILE RD. SUITE 110</u> <u>NEW BALTIMORE, MI 48047</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CHARGE FOR TAPING</u> <u>"MEET THE CANDIDATES"</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/7/04</u>	<u>50.⁰⁰</u>
Expenditure #3 Name <u>SAWICKI & SONS</u> Address <u>1521 W. LAFAYETTE</u> <u>DETROIT, MI 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>BALANCE ON SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/9/04</u>	<u>733.³⁰</u>
Expenditure #4 Name <u>HOME DEPOT</u> Address <u>51315 GERRIOT AVE.</u> <u>CHESTERFIELD TOWNSHIP, MI 48051</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SUPPLIES FOR SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/10/04</u>	<u>40.⁹⁴</u>
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

1474.²⁴

1474.²⁴

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number _____

00136774 50

2. Committee Name _____

CITIZENS TO ELECT STEPHEN M. KRULL

This Schedule itemizes:

- a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JOYCE B. KRULL</u> <u>52924 BURGESS DR.</u> <u>CHESTERFIELD TWP, MI 48047</u>	4. Type: <u>LOAN</u> <u>FROM INDIV.</u> 5. Date Debt Was Incurred: <u>8/21/00 & 11/03/00</u> 6. Original Amount of Debt: <u>645.00 + 100.00</u> \$ <u>745.00</u>	<u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$	\$ <u>0</u>	\$ <u>745.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>JOYCE KRULL</u> <u>52924 BURGESS DR.</u> <u>CHESTERFIELD TWP, MI 48047</u>	4. Type: <u>LOAN #2 FROM</u> <u>INDIVIDUAL</u> 5. Date Debt Was Incurred: <u>07-01-04</u> 6. Original Amount of Debt: \$ <u>650.00</u>	<u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$	\$ <u>0</u>	\$ <u>650.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>TANYA KOTWICKA</u> <u>3632 ALOERDALE</u> <u>STERLING HEIGHTS, MI 48310</u>	4. Type: <u>LOAN FROM</u> <u>INDIVIDUAL</u> 5. Date Debt Was Incurred: <u>7-9-04</u> 6. Original Amount of Debt: \$ <u>733.30</u>	<u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$ <u>1 / 1</u> \$	\$ <u>0</u>	\$ <u>733.30</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

2128.30
2128.30

Enter this total
on line 12a
"owed by" or
line 12b "owed
to" of the
Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

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